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## GUEST COLUMN

# Morning-after pill shouldn't be on shelves

By SHAUNTI FELDHAHN


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Quiz: Which of these drugstore off-the-shelf products is not like the other?

(A) Aspirin, for annoying headaches; (B) Band-Aids, for minor cuts; or (C) the high-dose morning-after pill, for those pesky possible pregnancies.

If a Food and Drug Administration advisory committee has its way, drugs that prevent or terminate pregnancy after unprotected sex could soon be on your grocery store shelf -- with huge social implications.

- **PLAN “B”**

Here's one reason why this is crazy: The morning-after pill is essentially an extra-strong version of a regular oral contraceptive. Those regular oral contraceptives themselves require a doctor's prescription and supervision because they sometimes create health problems. But now the FDA committee -- finishing a process begun under the Clinton administration -- wants companies to take that same prescription medication, increase its strength, make it more complex to administer and offer it on the shelf to any teenage girl who was already irresponsible enough not to protect herself before sex.

The whole approval process looks more political than medical. While plenty of scientific studies (and now years of prescriptions) show that high doses are effective for emergency contraception, none has demonstrated that it is actually safe.

Carole Denner, a registered nurse and legislative director for Concerned Women for America, points out that, "No one has ever followed the women taking the high-dose compound to see if there are problems. There has never been a single long-term, scientific study. And obviously, several serious problems -- like blood clots -- can arise even with lower doses."

Even more troubling, the FDA committee agreed with the drug's main sponsor -- the Women's Capital Corp. -- that it should be offered over the counter, despite reams of evidence that many women were confused about the strict process required to administer it, and that it would often be used routinely instead of just in emergencies.

As troublesome as the individual health risks might be, they pale in comparison to the public health and social implications.

Three years ago, Great Britain made the morning-after pill available without a prescription, and the country is now facing a staggering public health crisis. Some sexually transmitted disease rates have doubled in the last year. The drug is now used by one out of every five girls under 16, and the amount of casual, unprotected sex is skyrocketing. And so, of course, are life-wrecking diseases.

The same devastating trend could easily cross the pond if we remove the prescription requirement. Wendy Wright, Concerned Women for America's senior policy director, points out: "Publicly, the Women's Capital Corporation claims the medication would only be used in emergency circumstances -- but their Web site says they want it on shelves so it can be used as 'frequently as needed.' And one of their major advertising campaigns is targeted to teens. This is a huge public health risk."

This is also a huge potential change in our social fabric. The FDA is supposed to make our drug supply safe, not engage in social engineering. The FDA advisory committee did not respond to my questions, so I have no idea why it caved in to this highly motivated business and advocacy group. But I do know that such broad public implications mandate erring on the side of caution. The morning-after pill is already easy to access at any doctor's office or family-planning clinic, and that limited medical supervision requirement should never be sabotaged.

The decision of whether to give final over-the-counter approval now rests with current FDA Commissioner Mark McClellan, and it could come any day. I urge readers to "comment on proposed regulations" at the Web site www.FDA.gov to stop this madness, before the FDA does something that we're all going to regret.

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